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CANTOR COLBURN LLP
 55 Griffine Road South
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Patricia DiGregorio (Depositor's name)
 Patricia DiGregorio (Signature)
 February 27, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/875,418	06/06/2001	Jack C. Martin JR.	36968/254469 (BS00413)	7752

TITLE OF INVENTION: MULTI-CHANNEL PASSIVE DENSE WAVELENGTH DIVISION MULTIPLEXING MODULE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	XXXX \$1,400	\$0	XXXX \$1,400	02/24/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS	02/23/2005 MBERHE1 00000148 09875418		
WONG, ERIC K	2883	385-134000	01 FC:1501 1400.00 DA 02 FC:8001 15.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. CANTOR COLBURN LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BellSouth Intellectual Property
 Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilmington, Delaware
 01 FC:1501 1400.00 DA
 02 FC:8001 15.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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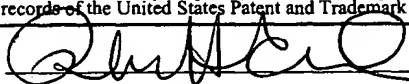
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 06-1130 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date February 17, 2005

Typed or printed name

Philmore H. Colburn II

Registration No. 35,101

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